

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10-088914</u> FILING DATE _____ APPLICANT(S) _____					
<b>CLAIMS</b>												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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TOTAL IND.	52											
TOTAL DEP.	370											
TOTAL CLAIMS	38											
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												